

AMBULANCE STUDY COMMITTEE
Minutes of Meeting of November 3, 2004

Members Present:

Gil Archambault, Kevin Federico, Peter Leishman, Denise Long, Mervin Newton, Peggy Seward, Dick Tortorelli, Frank Zielinski, Larry Pickett (non-voting member, Selectmen Representative)(late—9:00 PM).

Others Attending:

Eric Schelberg (Ambulance Director), Charlie Patterson (Emergency Management), Ruth Patterson, Daymond Steer (Milford Cabinet staff), and several Milford Ambulance attendants.

Business / Discussion:

The meeting was called to order at 19:05 PM by Chairman, Peter Leishman. Minutes of October 20, 2004 meeting were read and with correction of #12 on line 28 were then approved unanimously.

Charlie Patterson, (Milford Emergency Management) was introduced. He had been unaware of our meetings. He was reminded where they are posted by Dawn, secretary to the selectmen.

Bill Brown (EMS Coordinator SNHMC, EMS Liaison to Rockingham, and 16 years previously with Elliot Hospital EMS Coordinator)—He reviewed the role of the Medical Resource Hospital which SNHMC is for Milford, Pelham Fire, and Care Plus Transport Service. SNHMC also has protocols for medications and advanced life support care with all the area ambulance services. He indicated there are occasional situations in which a review must be made. They are extremely rare with any service, and have a smooth resolution as they are usually the result of a difference in interpretation of protocols. Whatever decision we make as to which service used, we should not change the level of care. The Southern towns in New Hampshire have a much higher level of care than the Northern section, with far less response times. He monitors response time in his computer, and the national goal to reach a scene is 20 minutes. Protocols will be changing in 2005.

Scott Labbe (VP Operations North Shore Ambulance Service and PT paramedic with a municipal ambulance Service) —He spoke giving his recommendations on the economics of ambulance service.

1. Clinical --QA/QI education program. A Small service has quick resolution with set perimeters for personnel. Large service has more experience with more calls and locations.
2. Response Time —from time request for help made to time personnel at patient's side.
3. Economics —see what you get for your buck.
4. Oversight —have independent oversight by medical personnel at resource hospital as well as citizens.

Budget consideration should be to increase revenues and decrease costs. Emergencies are lucrative with medicare accounting for 40% of calls and private insurance or auto insurance responsible for the rest of payments. They pay more for services as much as 40% more. Milford is presently charging at medicate rate. So consideration should be made to increase charges for ambulance transport and services.

Carol McEntee (head of Wilton Lyndeboro Ambulance Rescue Association and paramedic) — She spoke about their service. They had 406 calls in 2003 at a cost of \$180,000, and have had 365 calls so far in 2004. Wilton pays 60%, Lyndeboro pays 20%, and Temple pays 20% of cost as the association is contracted to all three towns. Carol is the only full time paramedic, and per diem paramedics are paid \$10/hour. They use Comstar as their billing service and charge medicate rate plus 30%. They send their bill out in 30 days, 60 days, 90 days, and then a phone call and then a letter and then to collection service. Their revenue has increased greatly since using this process to bill. Their collection rate is 70% with a national average of 65%. Comstar charges them 7% of money collected. Amherst Rescue and Bedford Fire uses them also. They are in preliminary talks concerning a merger with an area town that would generate 100-150 more calls a year. They have a problem staffing volunteers during the day and use mutual aid when needed. Some questions arose as to whether there is a signed mutual aid agreement

between Wilton and Milford.

John Learhy (EMS Coordinator Elliot Hospital, paramedic on Bedford Fire Department, and also an RN) – There were 18 transports by Milford to Elliot this year. Ten services use Elliot as their Medical Resource Hospital, and if concerns have arisen, there has been a quick resolution whether private or municipal or fire services involved. Bedford Fire Department has 11 paramedics with 5 on days and 4 on at night. Population is 18,000 with approx. 1300 EMS and Fire calls per year with 65% being EMS calls. They balance training for personnel with 1st Tuesday=EMS training, 2nd Tuesday=Paramedic training, and 3rd Tuesday=Fire training. The Training Captain is in charge of training. Members must be EMT as minimum training level.

Committee members discussed agenda, resource speakers, and dates for upcoming meetings. Meeting adjourned at 9:25 PM.

Respectfully submitted by Peggy Seward, Secretary
minutes approved unanimously as amended at Committee